



TOWN OF MILLVILLE

APPLICATION FOR TOWN COUNCIL MEMBER

DATE: _____

NAME OF APPLICANT: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

QUALIFICATIONS FOR TOWN COUNCIL MEMBER:

1. BONA FIDE RESIDENT OF THE UNITED STATES
2. RESIDENT OF THE STATE OF DELAWARE
3. RESIDENT OF THE TOWN OF MILLVILLE FOR AT LEAST NINETY (90) DAYS**
4. AT LEAST EIGHTEEN (18) YEARS OF AGE

****MUST PROVIDE PROOF OF RESIDENCY FOR AT LEAST 90 DAYS BY (1) CURRENT DRIVER'S LICENSE OR (2) UTILITY BILL.**

Filing Fee: \$100.00

SIGNATURE OF APPLICANT _____

DATE FILED _____

(OFFICE USE ONLY)

DATE APPLICATION SENT TO APPLICANT: _____

DATE APPLICATION HAND DELIVERED: _____

DATE APPLICATION RECEIVED BY MAIL: _____